## · MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/582774
APPLICANT(S)

FILING DATE

**CLAIMS** 

|               |  |  |                |  | **. *       |                          |  |
|---------------|--|--|----------------|--|-------------|--------------------------|--|
|               | AS FILED   |  | AFTER          |  | AFTER       |                          |  |
|               |  |  |                | 1" AMENDMENT                                     |             | 2 <sup>™</sup> AMENDMENT |  |
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